

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002, West Sacramento, CA 95798-9002
(800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov



NOTIFICATION OF PERSONAL NAME CHANGE AND APPLICATION FOR DUPLICATE LICENSE

(An incomplete form will not be processed.)

SECTION A: OPTIONS (Cal.Code Regs., tit. 16, § 608.3.)

Would you like a duplicate of your license sent to you, reflecting your recent name change?

- ☐ **Yes**- Please include a **\$10.00** non-refundable processing fee with this form.
☐ **No**- I am submitting a name change for the sole purpose of updating the Bureau's licensing records.

SECTION B: LICENSEE/APPLICANT INFORMATION (Select each license type you hold and enter your license number.)

License Type	Number	License Type (Qualified Manager/Owner)	Number
<input type="checkbox"/> Alarm Company Employee		<input type="checkbox"/> Alarm Company	
<input type="checkbox"/> Baton Permit		<input type="checkbox"/> Branch Office (Manager)	
<input type="checkbox"/> Firearms Permit		<input type="checkbox"/> Locksmith Company	
<input type="checkbox"/> Locksmith Employee		<input type="checkbox"/> Private Investigator	
<input type="checkbox"/> Proprietary Security Officer		<input type="checkbox"/> Private Patrol (Operator)	
<input type="checkbox"/> Repossession Agency Employee		<input type="checkbox"/> Prop. Private Security (Employer)	
<input type="checkbox"/> Security Guard		<input type="checkbox"/> Repossession Agency	
<input type="checkbox"/> Training Instructor Firearm		<input type="checkbox"/> Training Facility Baton	
<input type="checkbox"/> Training Instructor Baton		<input type="checkbox"/> Training Facility Firearms	

Previous Name (Please Print) (Last) (First) (Middle)

Current Name (Please Print) (Last) (First) (Middle)

Last 4 digits of your Social Security Number

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Date of Birth (Month/Day/Year)

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Have you changed your address? ☐ **Yes** (If yes, complete the following:) ☐ **No**

Address	City	State	Zip Code
Phone Number ()	E-mail Address (not required)		

SECTION C: SUPPORTING DOCUMENTATION

I have attached photocopies of the following two required documents:

- ☐ A current government-issued photographic identification card (e.g., driver license, alien registration, passport, etc.)

AND one of the following legal documents as proof of my name change: (Check one and attach a copy of the document.)

- | | |
|---|---|
| <input type="checkbox"/> Certified Court Order | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Dissolution of Marriage (Divorce) | <input type="checkbox"/> Certified Declaration/Registration of Domestic Partnership |
| <input type="checkbox"/> Notarized Document Verifying Name Change | |

SECTION D: LICENSEE /APPLICANT CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, that all statements furnished in connection with this application/notification are true and accurate, and that I did not change my name for purposes of fraud.

Signature of Applicant

Date